

COVER PAGE JAN 18 PM 12:04

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
CIARABELLINI	MELINDA	JOHNSON	(d)(5)
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
(d)(5)			OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

CITY OF EUREKA

Division, Board, District, if applicable:

HUMBOLDT/DEL NORTE HAZARDOUS MATERIALS
RESPONSE AUTHORITY

Your Position:

Council Member; Board Member

► If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

Board member

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ County of _____

☒ City of EUREKA

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Assuming Office/Initial

Date: 01/04/2011

☐ Annual: The period covered is January 1, 2009,
through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through
December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2009, through the
date of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages

including this cover page: 1

► Check applicable schedules or "No reportable
interests."

I have disclosed interests on one or more of the
attached schedules:

Schedule A-1 ☐ Yes - schedule attached

Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached

Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached

Real Property

Schedule C ☐ Yes - schedule attached

Income, Loans, & Business Positions (Income Other than Gifts
and Travel Payments)

Schedule D ☐ Yes - schedule attached

Income - Gifts

Schedule E ☐ Yes - schedule attached

Income - Gifts - Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this
statement. I have reviewed this statement and to the best
of my knowledge the information contained herein and in any
attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State
of California that the foregoing is true and correct.

Date Signed

1-6-2011

(d)(5)

Signature